

Application form for a Declaration of No-Objection

for a merger of a bank with registered office in the Netherlands with another corporation or institution

Section 3:96 (1l), under d, Financial Supervision Act (Wet op het financieel toezicht)



This form must be used by a bank with its registered office in the Netherlands which intends to merge with another corporation or institution, if the balance sheet total of the corporation or institution the bank is going to merge with exceeds 1% of the consolidated balance sheet total of the bank.

Expert centre market access

You must of your own volition and without delay inform De Nederlandsche Bank (DNB) of any change in circumstances that would have caused you to answer the questions below differently.

1 Bank

Name of bank	_____
Contactperson	_____
Department	_____
Telephone number of contact person	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Fax number of contact person	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Postal address of bank	_____
Email address of contact person	_____

2 Merger partner

Name of merger partner	_____
Address of merger partner	_____
Brief description of activities of merger partner	_____ _____

3 Additional information

Please give details of reasons for merging with the merger partner referred to under 2. Within the context of this application, we may ask you for additional information and documents.

4 Data with respect to the 1% criterion under Section 3:96 (l), under d, FSA

Consolidated balance sheet total of the bank
prior to the merger

Consolidated balance sheet total of the merger
partner as a percentage of the consolidated
balance sheet total of the bank

5 Administrative charges

Contact information of the person to whom the invoice for handling this application should be addressed:

Name of contactperson

Name of legal person

Postal address

Email address of contact person

6 Signature of authorised representative(s)

The undersigned declare(s) to have taken note of the aforementioned information about any changes in the answers to the questions asked.

The undersigned declare(s) to have filled in this questionnaire and any appendix(-ices) fully and truthfully.

Date

Place

Name

Position

Signature

Date

Place

Name

Position

Signature

For additional information on this subject, banks may contact their contact person (supervisory officer) at DNB.

Please send the completed and signed form, with any appendices, to:

De Nederlandsche Bank n.v., Expertisecentrum markttoegang, postbus 98, 1000 AB Amsterdam.